

STATE OF MICHIGAN  
STATE BOARD OF EDUCATION

**POLICY ON COORDINATED SCHOOL HEALTH PROGRAMS  
TO SUPPORT ACADEMIC ACHIEVEMENT  
AND HEALTHY SCHOOLS**

The Michigan State Board of Education has long believed that the education system, in partnership with families and communities, shares a duty to help prevent unnecessary injury, disease, and chronic health conditions that are costly burdens on families and the entire State of Michigan. The Board further believes that schools must do all they can to promote student health and well-being if Michigan's ambitious academic achievement goals and the goals of the federal *No Child Left Behind Act of 2001* are to be realistically attained. Schools cannot achieve their primary mission of education if students and staff are not physically, mentally, and socially healthy.

The Board is convinced that Coordinated School Health Programs (CSHP) can positively impact student academic achievement and empower students with the knowledge, skills, and judgment essential to help them make healthy and responsible choices in life.<sup>1</sup> The Board, therefore, encourages each Michigan school district/building to adopt its own vision for student health and to plan, adopt, implement, evaluate, and periodically re-examine the effectiveness of this model.

This policy builds on and incorporates numerous earlier policies. In Act 451 of 1976, the Michigan Legislature adopted requirements for health and physical education in every school. Since 1984, the *Michigan Model for Comprehensive School Health Education* has been implemented in over 90 percent of Michigan's public schools. Since 1994, the Governor's Council on Physical Fitness, Health & Sports has implemented the Exemplary Physical Education Curriculum (EPEC) in almost 70 percent of Michigan school districts. In recent years, the Board has adopted several other policies and resolutions related to school health programs.<sup>2</sup>

The Board makes the following recommendations:

- I. The Board recommends that each school district develop, adopt, and implement, to the extent that resources permit, a comprehensive plan for a Coordinated School Health Program that:**
  - Responds to the needs, preferences, and values of families and the community;
  - Emphasizes a positive youth development approach;
  - Is based on models that demonstrate evidence of effectiveness; and
  - Makes efficient use of school and community resources.

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<sup>1</sup> See the accompanying document, *Background and Research*, in Appendix A.

<sup>2</sup> Policies on Safe Schools (May 2000); Policies for Creating Effective Learning Environments (December 2000); Policies on Bullying (July 2001); Resolution on National School Lunch Week (August 2001); Resolution Supporting School-Based and School-Linked Health Centers (January 2002); Policies on Integrating Communities and Schools (August 2002); Resolution on Michigan Safe Schools Week (October 2002); Resolution on Parenting Awareness Month (February 2003).

The Coordinated School Health Program model suggested by the Centers for Disease Control and Prevention (CDC) includes the following eight components: Health Education; Physical Education; Health Services; Family and Community Involvement; Counseling, Psychological, and Social Services; Nutrition Services; Healthy School Environment, and Health Promotion for Staff. See Appendix A for history regarding the CSHP model and a discussion of each of these components. The eight-component model is based on the premise that the health of school-age youth is dependent upon a systems approach that addresses program, policy, services, and environment issues.

- II. The Board recommends that: a) each school district establishes a School Health Council and b) each school building establishes a School Health Team. Each Council/Team should include a diverse representation of school staff, families, students, and members of the community to oversee and evaluate the Coordinated School Health Program and make recommendations to the school board.

The School Health Council (SHC) focuses on district-level policies and programs and should work in conjunction with district-level school health committees that may already be in place, such as the Sex Education Advisory Committee, Safe and Drug Free Schools Councils, and Emergency Management Planning Teams. To enhance program efficiency and accomplishments, committee members should be kept up-to-date regarding the progress of other committees. Professional development for SHC members is strongly encouraged and opportunities can be shared on line at [www.michigan.gov/mde](http://www.michigan.gov/mde)

The School Health Council can support the efforts of the State Board of Education Strategic Initiatives, Education YES! Indicators of Engagement and the federal *No Child Left Behind Act of 2001* legislation. The SHC provides a sensible process to integrate decision-making and collaboration of educational leadership to support healthy children and youth, foster cooperation by building consensus and trust between teachers, staff, family, and community members in an innovative way, and link the school improvement and academic achievement efforts that result in improved student health and healthy schools. The School Health Team focuses on building-level implementation and collaboration process to integrate decision-making.

- III. The Board recommends that each school building and district designate a School Health Program Coordinator to assist with implementing and evaluating the Coordinated School Health Program.

Practical experience confirms CDC's recommendation that School Health Program Coordinators are best designated at the building and district levels to efficiently plan, implement, coordinate, and evaluate the Coordinated School Health Program components.

**IV. The Board recommends that the Michigan Department of Education provide all possible assistance to school districts and schools to implement effective Coordinated School Health Programs.**

The Michigan Department of Education can provide support for local implementation of CSHP by:

- Modeling collaboration with other agencies and organizations;
- Developing program guidelines, sample policies and position descriptions, resource lists, state and local student health data, and other information useful for program planning and improvement;
- Providing professional development opportunities for School Health Council members, School Health Program Coordinators, and School Health Team members; and
- Providing direct technical assistance in implementing CSHP.

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